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ABSTRACT

A Clinical Supervision Training Program was designed for department coordinators for mathematics, science, English, and social studies in four high schools. The program lasted throughout the school year, and included three full-day and one half-day workshops as well as four small group meetings. At the first workshop, the program was introduced, and the concept of clinical supervision was presented. The second workshop introduced various classroom observation systems (e.g., Flanders' Interaction Analysis System), and participants learned how to design new instruments and to use existing instruments to collect varied types of data. A third workshop provided opportunities for discussion and practice of the various stages of the clinical supervision cycle. The closing workshop included an evaluation of the program and discussions of participants' reactions. A discussion is presented of the data collection process and findings from the data, and the program is examined in the light of current beliefs about effective staff development and supervision. A brief review is included on alternative ways of implementing clinical supervision in the schools. (JD)

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CLINICAL SUPERVISION IN MY SCHOOL?

by

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CLINICAL SUPERVISION IN MY SCHOOL?

I. Introduction

During the past ten years, I have taught graduate classes in supervision in which students were taught the tools and techniques of clinical supervision. This is an exciting class to teach because so much growth and development is seen among the students as they learn to put into practice the concepts and skills involved in clinical supervision. Students generally finish the semester feeling positive, but with two major questions: first, "How will I be able to go on learning?" and second, "This is a great idea, but however could I implement it in my school?"

Until the past two years I have had to respond to those questions more in faith than in confidence. Although the literature and discussions with colleagues in the field indicated that clinical supervision was becoming more accepted, understood, and used, there was scant evidence in the local area that implementation of the clinical supervision model was taking place, or that there would be the understanding and support of administrative personnel for neophytes in the field of supervision to instigate programs of clinical supervision.

However, in March 1982, there was some evidence that my faith was justified. One of my ex-students, working as Math supervisor in the Northside Independent School District, asked me if I would be interested in helping them establish a training program in clinical supervision for High School Department Coordinators. I, of course, jumped at the opportunity, and the Clinical Supervision Training Program was born.

This presentation will fall into four main parts. First, there will be a description of the program itself, followed by a discussion of the data collection process and findings from that data. The program will then be examined in the light of current beliefs about effective staff development and

supervision in order to put the findings in a broader perspective. There will then be a brief review of some alternative ways of implementing clinical supervision in the schools.

II. The Program

Northside Independent School District is one of the largest of the seventeen school districts in Bexar County, Texas. The city of San Antonio occupies much of this county, and has a population of about 1,000,000. The school district covers much of the northwest and west side of the city, and extends out into rural areas. It covers 357 square miles: the current enrollment in Northside schools is 36,800 students in 27 elementary, 16 middle and 4 high schools. There is much residential building going on throughout the district, and new schools are opened nearly every year. This trend is expected to continue.

The Clinical Supervision Training Program, 1982-83, was designed for department coordinators (chairpersons) for Math, Science, English and Social Studies in the four district high schools. The central office supervisors for Math, Science and English, together with another supervisor who was helping to supervise Secondary Social Studies until a new supervisor was appointed in August 1983, worked closely with me in planning and implementing the program. We had strong support throughout from the Central Office, particularly from the Associate Superintendent for Curriculum. We were also fortunate to have a new Deputy Superintendent who had come from a district where clinical supervision had been instituted and where it was working well.

The program lasted throughout the school year (September to May), and included three full-day and one half-day workshops for all participants, which were planned and conducted by me and the supervisors. The general pattern was that I would conduct the workshop, with the supervisors also taking an active part. There were also four small group meetings. For these, the

participants were divided into two groups, each led by two supervisors. The groups were selected to represent all schools and all subject areas (in retrospect, this was not as useful as we had hoped, and we have found that keeping the subject area groups together is more effective). We also held monthly supervisor's meetings where I would work with the four supervisors in reviewing progress so far, and planning the next large or small group sessions. Two texts, Acheson and Gall's Techniques in the Clinical Supervision of Teachers and Reavis' PDK Fastback Teacher Improvement Through Clinical Supervision, were given to each participant. These texts were used in the workshops and small group sessions, together with handouts on the cycle of clinical supervision, models for conferencing, observation instruments, suggestions for questioning techniques, and other appropriate materials.

The program was preceded by an informational meeting for principals and vice-principals of the four high schools where we outlined the program, described the concepts and process of clinical supervision, and discussed the role of the principals, which at this time was chiefly supportive.

The Introductory Workshop in September was a full-day workshop held at one of the high schools, with a lunch catered by the Vocational Education department. Participants were given released time for this. The program was introduced, the concept of clinical supervision presented through the ASCD videotape Clincial Supervision, and some preliminary practice given in conducting the pre-observation conference, classroom observation, and the post-observation conference.

Each department coordinator was required to identify a member of the department with whom to work through a minimum of four cycles of clinical supervision. Audiotapes were made of each post-conference. At the small group meetings, these tapes were analyzed and used as teaching tools for helping all members of the group to learn conferencing skills. The two

supervisors in charge of each group acted as facilitators and trainers.

The workshop in October was a half-day workshop on Classroom Observation. Various systems including Flanders' Interaction Analysis System, instruments based on seating charts, and a variety of other instruments were introduced, and some practice was given in using these. This workshop had several weaknesses:

1) It was too rushed, and the participants felt hurried and uncomfortable. We also discovered that a half-day release was unsatisfactory for secondary teachers, where a substitute would take some of their classes, while they were still responsible for the others.
2) We tried to cover too much material; a focus on one or two broad types of observation instruments would have been sufficient to present at this time.
3) The participants were reaching a point which I call "second tape slump" - a time when they know enough to be very self critical, yet not enough to be confident of their ability to master the needed skills. This seems to be a common phenomenon among most of the groups I have worked with.

In spite of these, the participants did learn how to design new observation instruments and to use existing instruments to collect varied types of data. Small-group sessions were held again in November, again with participants analyzing and discussing each other's tapes.

The third full-day workshop was held in January at one of the middle schools, again with a lunch catered by the Vocational Education department. We planned carefully to make this more leisurely, and provided opportunities for participants to work together in subject area groups. This workshop primarily provided opportunities for discussion and practice of the various stages of the clinical supervision cycle.

Two additional small group sessions were held during the spring, one in late February, the second in March.

The closing workshop was held in May. This included an evaluation and discussion of the program and of the participants' growth and development, a presentation by one of the participants of a computer program he had designed to use with the Flanders' Interaction Analysis System, and a talk by the Deputy Superintendent on the role of the Central Office. This talk, which focussed on the interest and support of the Central Office for the Clinical Supervision Training Program was perceived as one of the highlights of the program.

In the summer, a graduate course was offered at The University of Texas at San Antonio for any participants who wished to take it. The four supervisors and three of the coordinators enrolled in the course, which focussed heavily on theory related to supervision, leadership, management, and adult development, and how these theories relate to instructional supervision and staff development. This was an intensive course and was very well received by participants, who perceived it as an appropriate capstone course to the year-long program.

III. Data Collection and Findings

A. Data Collection

1. Data were collected from three sources:
   a. Evaluations conducted at the close of each of the four workshops;
   b. A summary evaluation of the program conducted during the final workshop in May; and
   c. Documentation of participants' perceived concerns at six points during the year, analyzed according to G.E. Hall et al's Stages of Concern (1973).
2. Workshop evaluations consisted of five open-ended statements which

participants were asked to respond to:

a. The most helpful part of today's workshop was;

b. The least helpful part of today's workshop was;

c. One thing I learned today was;

d. One thing I will do differently as a result of this workshop is; and

e. Comments.

These evaluations served several useful purposes:

a. They encouraged participants to reflect on their learning;

b. They provided useful formative data to assist us in planning for the next stages of the program; and

c. They provided a profile of the program over the entire year.

3. The summary evaluation of the program was related directly to objectives identified in the Program Proposal, including knowledge of elements of the clinical supervision cycle, and personal skills in clinical supervision (listening, asking clarifying and probing questions, responding appropriately to verbal and non-verbal cues, and showing empathy, genuineness and respect). The Levels of Impact described by Joyce and Showers (1980) were modified to indicate five levels of mastery: Know About, Understand, Can Do, Will Do, and Can Grow. Participants were asked to indicate their perceived level of learning for each objective.

4. The Stages of Concern About the Innovation model developed by Hall and his colleagues (1973) was used to monitor the progress of participants throughout the year. At six points (early September, mid-September, late October, mid-November, late February, April) participants responded in writing to the question "What are your concerns about Clinical Supervision at this time? Findings were

analyzed according to the following stages:

0 Awareness

1 Informational

2 Personal

3 Management

4 Consequence

5 Collaboration

6 Refocussing

B. Findings

1. The responses to the workshop evaluations were related both to the content of the workshop and to its process. For example, familiarization with clinical supervision, and knowledge of specific tools and techniques were mentioned as useful content, while small group work, participatory learning, and the supportive atmosphere were mentioned as processes which made the workshop a positive experience.

   The responses appear to mirror quite accurately the content, process and intent of each workshop. Comments tended to be positive for the most part. The October workshop elicited the most criticism, related to pressure of time, too much material and being away from students. There appeared throughout to be a commitment to using what was learned in their daily supervisory work with teachers.

2. This commitment was apparent also in the findings from the program evaluation instrument administered during the seven day workshop (see Appendix C). In each of the two parts of this instrument, five items were arranged roughly in order of difficulty and sophistication, and the responses indicated that while virtually all participants had some mastery of the simpler items, there was

perceived need for further development in the more sophisticated skills.

The level of mastery was perceived to be fairly high. 18.7% of all responses were in the "Will Grow" category and another 61% in the "Will Do" category. Only 1.3% and 2.3% of responses were in the "Know About" or "Understand" categories. These findings suggest that most of the participants were at a point at which they had sufficient mastery of skills so that they could continue to grow and develop in their supervisory work. This is supported by comments on the evaluation form which indiated a realistic awareness of strengths and weaknesses and a willingness to continue to practice and grow.

3. Stages of Concern

Appendix D shows an analysis of the expressed concerns. In early September, concerns were mostly informational: (e.g., Which teachers should I choose? Who will be looking at the information?) or personal (general apprehension about the program and its effect on the coordinator, relationships with teachers, the ability to evaluate colleagues, etc.). There were some procedural concerns at the managerial level (How does this model fit with the current evaluation system?). Concerns in mid-September (at the close of the workshop) were very similar (Will I be able to do a good job? How will my teachers react?, etc.).

By the end of October, there were no informational concerns, and a slightly higher percentage of managerial concerns (mostly related to lack of time), but most concerns were still personal (e.g., Will I do a fair job? Maybe what you are doing will be viewed by criticism).

The concerns expressed in November showed some shift from personal to managerial, with some emerging concern related to consequence (I feel I am not helpful in the analysis).

By late February, the majority of concerns appeared to be at the managerial and consequence levels. There was still a concern with time management (level 3), but also an emphasis on helping teachers and solving instructional problems. Personal concerns were still apparent, but seemed more related to skills within the clinical supervision process and less to the effect of the process itself (e.g., I have a tendency toward prescription; I have forgotten some of the techniques).

In April a new set of concerns was emerging, related to the continuation of the program into the summer and the next school year. One question (What kind of paper will we have to write this summer?) had been asked as early as February. Now other questions were being asked, particularly at the personal level, related to the expansion of the program into the middle schools, and the need for added support, time, and resources.

Meanwhile, more sophisticated concerns about the current program were being expressed, related to the need for district inservices for greater awareness, and for administrative staff to be better informed.

An examination of the concerns expressed at various points in the program shows some shift from personal concerns to interest in the effects of the program on others. However, change is slow, and personal concerns continue to be present throughout the program. It is apparent that with adults, as with learners of all ages, mastery of new knowledge, skills, and attitudes does not occur rapidly.

4. Summary of Findings

Upon examination of the data, several general findings become apparent, and may be summarized as follows:

a. Participants demonstrated a shift from general familiarization with the model to a more specific focus on particular skills. At the beginning of the program, the major emphasis was on developing concepts of the clinical supervision model and of the Northside program. Participants were engaged in learning what the programs were like, and determining their roles in those programs. By the end of the program, participants were more interested in learning particular skills (such as probing skills and specific observation instruments) and adapting these for their own use.

b. New knowledge and skills gained in the program produced changes in supervisory behavior. From the earliest workshop, participants were aware that the processes they were engaged in were closely related to the knowledge and skills they were acquiring. This was especially evident in the seminar groups where participants were giving and receiving feedback in a way that paralleled their interactions with teachers. In the summary evaluation of the program, participants indicated ways in which their new knowledge and skills had enabled them to work more effectively with teachers in the classroom.

c. Participants were willing to try out new ideas and to adapt them to their styles and situations. Throughout the program, there was a high degree of active involvement. It is clear that some participants were more involved in and committed to the program than others; this is to be expected among any group

of learners. However, most participants were willing and able not only to apply their new learnings but also to adapt them to suit their individual needs, aptitudes, and interests. The most dramatic instance of this was the development by one participant of a computer program to analyze findings from the Flanders' Interaction Analysis Instrument.

d. Support at all stages of the program was valued. The work of the supervisors in leading the seminars, organizing and participating in the workshops, and supporting individual teachers was appreciated by participants. The support from the Central Office was an important element of the program. The supervisors and I were appreciative of this support throughout the year. The department coordinators were probably unaware of the amount of support until the final workshop, when they were enthusiastic about the clear statement of support given by the Deputy Superintendent.

IV. Implications

The implications of this particular program are perhaps most usefully seen when they are set in a broader perspective. At this point, then, I will draw your attention to some findings about criteria for effective staff development and instructional supervision, and note the degree to which our Clinical Supervision Training Program met those criteria. As a framework, I will use the findings of the Rand Corporation study of federal programs (Berman and McLaughlin, 1975) as discussed by Mertens (1982), and refer to data from additional sources.

A. Administrators and teachers make joint decisions about needs and project activities (Rand). The critical importance of a supportive organizational environment has been indicated by Alfonso (1977), Freeman, Palmer and Ferren (1980), Cox (1983), Crandall (1983) and McFaul and Cooper (1983).

The support of the Central Office was essential to the success of the Northside program. A strength of our program was the cooperative planning and implementation of the program by the higher Central Office administration, the supervisors and the outside consultant, with constant interest in and provision for the felt needs of the participants. This type of collaborative effort is described by Cox (1983) as being an important component in successful change efforts.

B. Inservice activities are directed at teacher-identified needs to assure programming relevant to current classroom needs (Rand). Ellis, Smith and Abbott (1979) in their description of a peer observation program also stress the need to work on teachers' own perceived problems. While department coordinators had not expressed any need for clinical supervision, as the program progressed, it became apparent that it was filling a felt need for most of the participants. It is noteworthy that one participant who indicated, directly and indirectly, no felt need for this type of training, also demonstrated very little commitment or professional growth.

C. There are resources for timely response to teacher-identified needs (Rand). Petrie and Burton (1980) in their discussion of levels of leader development suggest that clinical supervision is a responsibility which a supervisor will accept and use at a fairly high level of development. In our program we were dealing with supervisors at various levels of development. While we tried to attend to the needs of participants as they arose, we tended to focus on general reactions of the group rather than on individuals. This was a weakness which possibly contributed to the slower development of some coordinators. On the other hand, it may have been that the whole program was inappropriate for the level of development of some coordinators. This is a matter which needs to be

considered in any training program, and might well be the subject for further research.

D. Small-group programming is central to the inservice program (Rand). The active participation possible in small groups has been indicated as important in several studies, and is mentioned particularly by Withall and Wood (1979). Small group interaction in our workshops was constantly identified as being a valuable process, and did appear to contribute highly to learning as did the small group sessions.

E. "Hands-on/concrete" experiences for teachers are central to the inservice program (Rand). "Learning by doing" was the theme of the entire training program. Workshops provided opportunities for role-playing, analysis of videotapes, and practice in conferencing. Joyce and Showers (1980) emphasize the need for "theory, demonstrating, practice, feedback, and classroom application"; all these were included in our program and contributed to its success. Reavis (1977) indicates the need for training and monitoring; Seager (1975) stresses the importance of careful analysis of conferences; and Miltz and Kanus (1978) describe a program for improving supervisor's interpersonal communication. The small group sessions in our program provided opportunities for such training.

F. Local people, especially teachers, are used as a primary resource in facilitating inservice activities (Rand). The supervisors played a vital part in the Northside program; their lack of experience in training supervisors was felt by them to be a weakness in the program, and in the 1983-84 program with middle school coordinators, they are taking a less active role in the small group sessions. I felt that the fact that they were local people, well known to participants, compensated very highly for their lack of expertise.

G. Inservice activities are held during the day (Rand). In the Northside

program, the major workshops were held during the day; small group sessions were held after school. This was a compromise, designed to meet the need for released time, but also to ensure that the coordinators were not away too much from their students (this was an expressed concern). Time was a critical (and seemingly unsolved) variable in our clinical supervision program, and has been identified as an issue in other programs also (e.g., McFaul and Cooper, 1983).

H. Resources are available to provide on-going support for individual teacher needs (Rand). As the program progressed, new training materials were developed or located. This is a process which must be on-going, if the different aptitudes and learning styles of participants are to be met.

I. There is an emphasis on local materials development (Rand). The outstanding example of this in the Northside program was the development by a participant of a computer program to analyze data from the Flanders' Interaction Analysis System. This program had more than an inherent value; it demonstrated to the other participants that Clinical Supervision was a method which could be personalized to suit the particular skills and strengths of a supervisor, while maintaining its own characteristic identity. Since much of the thrust of Clinical Supervision is to enable teachers to develop their own special strengths and abilities while meeting the appropriate district standards of performance, this was an important learning for the participants.

J. Resources, such as release time and money, are available for individual teacher use (Rand). One outcome of the Northside program was that coordinators asked for, and obtained, extra release time for coordinator duties.

K. Participation in inservice is voluntary (Rand). This was not possible in the Northside project, and did cause some difficulties; however,

there were some participants who would never have volunteered for such a program but who demonstrated both professional growth and a growing enthusiasm for the Clinical Supervision model.

L. There are opportunities for informal peer interaction (Rand). While this was not a planned part of the program, there is evidence that within schools and among other colleagues there was discussion of the program and some informal problem-solving. Certainly, word about the program spread to the middle school coordinators who, by August 1983, wanted to know when their program would begin!

V. Alternative Training Program

I have described one program in which clinical supervision is being carried out in schools. This program has been extended into a second year, with some important changes.

A. There is a new group of participants, the thirty-two department coordinators in Science, Math, English and Social Studies from the eight middle schools of the district. The size of the group has forced some modifications, the main one being that the small groups this year are subject area groups, led by their own supervisor.

B. As consultant, I was asked to work with the small groups in analyzing tapes. This has advantages and disadvantages. I am able to bring more experience in training supervisors; however, I am not a Northside employee but an outside consultant and this, I am sure, affects the group interaction.

C. The Director of Secondary Education is taking a much more active role in the program. This is a definite advantage, and indicates clearly the district support.

D. A new evaluation system which relies heavily on the Clinical Supervision concept has been introduced and is now in operation district-wide. At

the same time, principals and assistant principals are receiving some training in Clinical Supervision. This makes the training program much more relevant; however, at the same time, it raises the knotty problem of how teacher improvement and evaluation are related.

I am also involved in two other programs, funded by a Federal Grant through the local Teacher Center. One is a volunteer program in peer supervision for eight elementary classroom teachers; the other is a training program for administrators (department chairs, assistant principals, principals) in a small rural school district. Each program, though designed on the same lines as the Northside program, is developing its own character in response to the felt needs of participants.

Other programs have been described in the literature, for example, Cathy Collins (1983) describes a Mentorship-Clinical Supervision program developed by the Oklahoma State Department of Education whereby every teacher selects a colleague to serve as a mentor for a semester or a year. One planning period a week is set aside to work on this program.

McFaul and Cooper (1983) describe a peer supervision program in an elementary school, and indicate clearly the organizational and other variables that can affect the success of such a program.

Programs in Clinical Supervision can be quite varied. However, it is important that in any program that the concept as well as the skills of Clinical Supervision are clearly defined and maintained. Clinical Supervision is a complex process which takes time and effort to learn. Training is an essential part of implementing a program, but is frequently ignored or handled superficially. Knowing about is not the same as knowing how to implement a new skill.

The Northside program is a long-term program; in spite of a reasonably intensive training program throughout the school year, most participants did not feel that they had mastered the skills needed to conduct Clinical Supervision,

even though they had learned a great deal. A follow-up workshop in January 1984 provided some new data to indicate that they are implementing the model in their own departments. The supervisors report that teachers are commenting on improved supervision from the coordinators. Meanwhile, we use feedback to analyze and interpret our own performance as trainers; as in Clinical Supervision at any level, it is an on-going process of growth and development.

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APPENDIX A

NORTHSIDE ISD CLINICAL SUPERVISION TRAINING PROGRAM SCHEDULE, 1982-83

August 13, 1982	Informational Meeting for High School Administrators.
September 13, 1982	Introductory Workshop (full day): Introduction to program; overview of Clinical Supervision.
Week of October 4	Small group sessions with supervisors: Analysis of audiotapes of supervisory conference.
October 27, 1982	Workshop on Classroom Observation (half day): Overview of observation instruments and how to use them.
Week of November 8	Small group sessions.
January 19, 1983	Midyear Workshop (full day): Review and practice of cycle of Clinical Supervision.
Week of March 1	Small group sessions.
Week of March 14	Small group sessions.
May 3, 1983	Final Workshop (full day): Evaluation of program; presentation by Deputy Superintendent; demonstration of computor program for Flanders' Interaction Analysis System.
May 30 - June 10	Summer course at The University of Texas at San Antonio (3 graduate semester hours).

APPENDIX B

STAGES OF CONCERN:
TYPICAL EXPRESSIONS OF CONCERN ABOUT THE INNOVATION

	STAGES OF CONCERN	EXPRESSIONS OF CONCERN
IMPACT	6 Refocusing	I have some ideas about something that would work even better.
	5 Collaboration	I am concerned about relating what I am doing with what other instructors are doing.
	4 Consequence	How is my use affecting kids?
TASK	3 Management	I seem to be spending all my time in getting material ready.
	2 Personal	How will using it affect me?
SELF	1 Informational	I would like to know more about it.
	0 Awareness	I am not concerned about it (the innovation).

STAGES OF CONCERN ABOUT THE INNOVATION*

6 REFOCUSING: The focus is on exploration of more universal benefits from the innovation, including the possibility of major changes or replacement with a more powerful alternative. Individual has definite ideas about alternatives to the proposed or existing form of the innovation.

5 COLLABORATION: The focus is on coordination and cooperation with others regarding use of the innovation.

4 CONSEQUENCE: Attention focuses on impact of the innovation on students in his/her immediate sphere of influence. The focus is on relevance of the innovation for students, evaluation of student outcomes, including performance and competencies, and changes needed to increase student outcomes.

3 MANAGEMENT: Attention is focused on the processes and tasks of using the innovation and the best use of information and resources. Issues related to efficiency, organizing, managing, scheduling, and time demands are utmost.

2 PERSONAL: Individual is uncertain about the demands of the innovation, his/her inadequacy to meet those demands, and his/her role with the innovation. This includes analysis of his/her role in relation to the reward structure of the ogranization, decision making and consideration of potential conflicts with existing structures or personal commitment. Financial or status implications of the program for self and colleagues may also be reflected.

1 INFORMATIONAL: A general awareness of the innovation and interest in learning more detail about it is indicated. The person seems to be unworried about himself/herself in reaction to the innovation. She/he is interested in substantive aspects of the innovation in a selfless manner such as general characteristics, effects, and requirements for use.

0 AWARENESS: Little concern about or involvement with the innovation is indicated.

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*Original concept from Hall, G.E., Wallace, R.C., Jr., and Dossett, W.A. A developmental conceptualization of the adoption process within educational institutions. Austin: Research and Development Center for Teacher Education, The University of Texas, 1973.

APPENDIX C

CLINICAL SUPERVISION TRAINING PROGRAM FOR HIGH SCHOOL DEPARTMENT COORDINATORS
NORTHSIDE ISD 1982-83
RESULTS OF EVALUATION, May 3, 1983

1. Summary of Responses (15 forms completed)

	Know About	Understand	Can Do	Will Do	Will Grow
A. 1. Major elements of clinical supervision cycle				10	5
				67%	33%
2. Classroom observation techniques			3	10	2
			20%	67%	13%
3. Analysis of classrooms instruction and interaction		1	3	10	1
		7%	20%	67%	7%
4. Collaborative problem solving and goal setting		1	4	9	1
		7%	27%	60%	7%
5. Evaluation of instructional approaches		1	4	8	2
		7%	27%	53%	13%
B. 1. Active listening			1	8	6
			7%	53%	40%
2. Asking clarifying questions			1	13	1
			7%	87%	7%
3. Asking probing questions			4	10	1
			27%	67%	7%
4. Responding appropriately to verbal and non-verbal cues	1	0.5	5	7.5	1
	7%	3%	33%	50%	7%
5. Showing empathy, genuineness and respect	1			6	8
	7%			40%	53%
TOTALS	2	3.5	25	91.5	28
	1.3%	2.3%	16.7%	61%	18.7%

APPENDIX D

Stages of Concern

Date	1		2		3		4		Total
Concerns about Current Program									
Early Sept.	6	32%	11	58%	2	10%			19
Mid Sept.	3	33%	4	44%	2	22%			9
October			4	66%	2	33%			6
November			5	42%	5	42%	2	16%	12
February	1	4%	4	15%	11	42%	10	39%	26
April					4	57%	3	43%	7
Concerns about Future Program									
February	1								1
April	1	12½%	6	75%	1	12½%			8